

FEB 11 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2040

6

BIRTH NO. _____ REG. DIST. NO. 212 PRIMARY REG. DIST. NO. 5780 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <u>Miller</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Miller</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Eldon Rural</u>		c. LENGTH OF STAY (in this place)	
c. CITY (If outside corporate limits, write RURAL and give township) <u>Eldon Mo</u>		OR TOWN <u>0660</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>Eldon Rural</u>	
3. NAME OF DECEASED a. (First) <u>EMMA</u> b. (Middle) <u>JANE</u> c. (Last) <u>BOND</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>FEB 1 1952</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>AUG 21-1866</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Russellville Mo</u>
13a. FATHER'S NAME <u>J. W. Vaughan</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Swanson</u>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Anna Baker Eldon Mo</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Degeneration</u> ANTECEDENT CAUSES DUE TO (b) <u>Hypertension</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>443X</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Nov 30, 1950 to Feb 1, 1952</u> , that I last saw the deceased alive on <u>Jan 30, 1952</u> , and that death occurred at <u>11:30 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Carl J. Bunkley, M.D.</u>		23b. ADDRESS <u>Eldon, Mo.</u>	23c. DATE SIGNED <u>2-2-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>2-7-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Carmel Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Russellville Mo.</u>
DATE REC'D BY LOCAL REG. <u>Feb 2, 1952</u>	REGISTRAR'S SIGNATURE <u>Alveretta Wald</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. J. Steffens Russellville</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

FEB 5 1952

MILLER COUNTY HEALTH
DEPARTMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *G. M. Stephens*

Licensed Embalmer No. *2307*

P. O. Address *Russellsville Mo*

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.